



# YOUTH PHEASANT HUNT & CLINIC

MARCH 22, 2003  
FRYE'S PHEASANTS

**REGISTRATION: Please complete, fully.  
INCOMPLETE FORMS WILL NOT BE CONSIDERED.**

**A \$15.00 DEPOSIT CHECK PAYABLE TO TRUMAN LAKE QU MUST BE ENCLOSED**

**REMINDER: THE NUMBER OF HUNTERS WILL BE LIMITED WITH PREFERENCE  
GIVEN TO 1<sup>ST</sup> TIME PARTICIPANTS**

**MAIL COMPLETED FORM/WITH DEPOSIT TO:  
MISSOURI DEPARTMENT OF CONSERVATION  
ATT: Lin Kozlowski  
P.O. BOX 368  
CLINTON, MO 64735  
e-mail -- kozlol@mdc.state.mo.us**



NAME OF YOUTH HUNTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE ON MARCH 22, 2003: \_\_\_\_\_

NAME OF ADULT SPONSOR: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HAVE YOU PARTICIPATED IN A MDC SPONSORED YOUTH HUNT?      Yes      No

IF YES, WHICH ONE(S) \_\_\_\_\_

HAVE YOU NOT BEEN DRAWN FOR A MDC SPONSORED YOUTH HUNT?      Yes      No

IF NOT DRAWN, WHICH ONE(S) \_\_\_\_\_

**HUNTER EDUCATION NUMBER:** \_\_\_\_\_ **\*\*\*MUST HAVE TO PARTICIPATE**  
(Continued on back)

WHAT TYPE OF EXPERIENCE DO YOU HAVE SHOOTING A FIREARM? \_\_\_\_\_

WHAT TYPE OF GAME BIRDS HAVE YOU HUNTED? \_\_\_\_\_

HAVE YOU HUNTED WILD BIRDS    Yes            No            PRESERVE BIRDS            Yes            No

APPROXIMATE NUMBER OF TIMES    (WILD) \_\_\_\_\_ (PRESERVE) \_\_\_\_\_

HAVE YOU HUNTED OVER DOGS?    Yes            No    WHAT BREED OF DOG(s)? \_\_\_\_\_

OTHER HUNTING EXPERIENCE \_\_\_\_\_

WHICH MEMBERS OF YOUR FAMILY HUNT? \_\_\_\_\_

HAVE YOU SHOT CLAY BIRDS BEFORE?    Yes            No    HOW MANY TIMES? \_\_\_\_\_

ANY EXPERIENCE SHOOTING TRAP, SKEET, OR SPORTING CLAYS BEFORE?    Yes            No

DID YOU ATTEND THE MDC SPONSORED YOUTH SPORTING CLAY CLINIC?    Yes            No

IF YOU HAVE MORE THAN ONE HUNTER IN YOUR GROUP, WOULD YOU STILL BE WILLING TO PARTICIPATE IF BOTH AREN'T DRAWN?    Yes            No

WHY WOULD YOU LIKE TO PARTICIPATE IN THE YOUTH PHEASANT HUNT AND CLINIC? \_\_\_\_\_

## **SIGNATURE REQUIRED**

I recognize the event might involve risk, and I take responsibility for myself and my child for action or injury that may result by participating. I also agree to accept the conditions set forth in the cancellation policy.

I also consent to and authorize the use and production of any and all photographs, or video taken during the Youth Pheasant Hunt and Clinic of my child and myself.

**SIGNATURE OF PARENT:** \_\_\_\_\_

**REGISTRATION FORM AND \$15.00 DEPOSIT MUST BE  
IN THE CLINTON OFFICE NO LATER THAN 5:00 P.M. ON  
WEDNESDAY, MARCH 12, 2003.**

**MAKE DEPOSIT CHECK PAYABLE TO TRUMAN LAKE QU** -Deposits will be returned morning of the hunt.